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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket  
Number

942170

First Named Inventor

Rozendaal, Jacobus A.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Conservation Tillage Implement, System and Method

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

03/05/2004

as United States Application Number or PCT International

Application Number

PCT/CA2004/000339

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

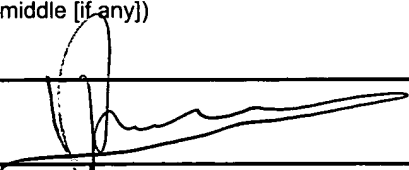
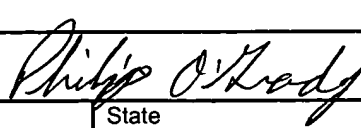
[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; border-radius: 50%; padding: 2px 10px; display: inline-block;">33798</span>		OR <input type="checkbox"/> Correspondence address below	
Name			
Address			
City		State	ZIP
Country	Telephone		Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Jacobus A.</u>		Family Name or Surname <u>Rozendaal</u>	
Inventor's Signature 			Date <u>Dec 30 / 04</u>
Residence: City <u>Salford</u>	State <u>Ontario</u>	Country <u>Canada</u>	Citizenship <u>Canadian</u>
Mailing Address <u>364018 McBeth Road</u>			
City <u>Salford</u>	State <u>Ontario</u>	Zip <u>N0J 1W0</u>	Country <u>Canada</u>
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Philip M.</u>		Family Name or Surname <u>O'Grady</u>	
Inventor's Signature 			Date <u>Dec. 2, 2004</u>
Residence: City <u>Castleton</u>	State <u>Ontario</u>	Country <u>Canada</u>	Citizenship <u>Canadian</u>
Mailing Address <u>330 Darling Road</u>			
City <u>Castleton</u>	State <u>Ontario</u>	Zip <u>K0K 1M0</u>	Country <u>Canada</u>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
James F.		Boak	
Inventor's Signature <i>James Boak</i>		Date <i>Dec 21, 04</i>	
Leamington Residence: City	Ontario State	Canada Country <i>CAN</i>	Canadian Citizenship
32 Morgan Avenue			
Mailing Address			
Leamington City	Ontario State	N8H 2E5 Zip	Canada Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
John M.		Averink	
Inventor's Signature <i>John M. Averink</i>		Date <i>Nov 27/04</i>	
Norwich Residence: City	Ontario State	Canada Country <i>CAN</i>	Canadian Citizenship
29 Marshall Drive			
Mailing Address			
Norwich City	Ontario State	N0J 1P0 Zip	Canada Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Geof J.		Gray	
Inventor's Signature <i>Geof Gray</i>		Date <i>Dec 30/04</i>	
Woodstock Residence: City	Ontario State	Canada Country <i>CAN</i>	Canadian Citizenship
356 Cromwell Street			
Mailing Address			
Woodstock City	Ontario State	N4S 5B3 Zip	Canada Country

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Rec'd RECEIVED 21 JAN 24

10/521804

**In The United States Patent & Trademark Office**

In re application of: Jacobus A. Rozendaal, et al.

Serial Number:

Filed:

Docket No.: 942170

For: CONSERVATION TILLAGE IMPLEMENT, SYSTEM AND METHOD

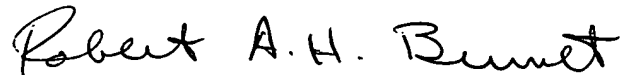
Associate Power of Attorney

The Honorable Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Dear Sir:

Please grant the practitioners under Customer No. 26659 Associate  
Power of Attorney in the above-identified U.S. Patent Application.

Respectfully submitted,



Robert A. H. Brunet  
Registration No. 55,158

Date: January 19, 2005

Rec'd PGT/PTO 21 JAN 2005

10/521804

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Jacobus A. Rozendaal
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	942170

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

33798

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with Customer Number:

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OR

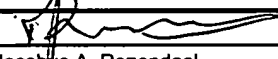
<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	Dec 30 / 04
Name	Jacobus A. Rozendaal	Telephone	
Title and Company	DESIGNER		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 6 forms are submitted.

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Art Unit	
Examiner Name	
Attorney Docket Number	942170

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Address

City

State

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Telephone

Fax

I am the:

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☐

Assignee of record of the entire interest. See 37 CFR 3.71.

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Philip M. O'Grady</i>	Date	DEC 2, 2004
Name	Philip M. O'Grady	Telephone	905-344-5028
Title and Company	SALES MANAGER		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Jim Boak</i>	Date	<i>Dec 21, 04.</i>
Name	James F. Boak	Telephone	
Title and Company	SALES		

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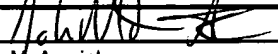
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	Nov 27/04
Name	John M. Averink	Telephone	
Title and Company	SERVICE MANAGER		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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<input type="checkbox"/> Firm or Individual Name			
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**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	JAN 10/05
Name	Geof J. Gray	Telephone	
Title and Company	GENERAL MANAGER, SALFORD FARM MACHINERY LTD		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Art Unit	
Examiner Name	
Attorney Docket Number	942170

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City

State

Zip

Country

Telephone

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Geof J. Gray</i>	Date	JAN 5/05
Name	Geof J. Gray	Telephone	
Title and Company	General Manager, Salford Farm Machinery Ltd.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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